

**Illinois Department of Public Aid
Medicaid Advisory Committee**

401 S. Clinton Street, Chicago, IL
201 S. Grand Avenue East, Springfield, IL

May 19, 2006

Members Present

Neil Winston, M.D.
Debra Kinsey, DCFS
John Schlofrock, Barton Mgt.
Robyn Gabel, IMCHC
Nancy Crossman, DHS

Members Absent

Pedro A. Poma, M.D.
Richard Perry, D.D.S
Alvin Holley
Diane Coleman, PCIL
Eli Pick, Chairman
Kim Mitroka – Christopher Rural Health
Ralph Schubert, DHS
Robert Anselmo, R.Ph

HFS Staff

James Parker
Jacquetta Ellinger
Lynne Thomas
Carla Lawson
Aundrea Hendricks
James Monk

Interested Parties

Kenzy Vandebroek, CDPH
Gerri Clark, DSCC
Ester Morales, Harmony / WellCare
Bonnie Schaafsma, IL Assoc. of Public
Health Administrators
Mary Davis, Comprehensive Bleeding
Disorders Center
Joy Mahurin, Comprehensive Bleeding
Disorders Center
Jenny J. Purdy, Comprehensive Bleeding
Disorders Center
Rich Forshee - IDPH

Medicaid Advisory Committee (MAC)
Meeting Minutes

May 19, 2006

I. Call to Order

John Schlofrock called the meeting to order at 10:15 a.m.

II. Introductions

Attendees in Chicago and Springfield introduced themselves.

III. Review of the Minutes

January and March minutes were reviewed. Mr. Schlofrock requested that the March minutes be revised to correctly reflect his presence at the meeting. The minutes from the January and March meetings could not be approved, as there was not a member quorum.

IV. Administrator's Report

James Parker, Deputy Administrator for Operations, provided an update on 1) All Kids; 2) vendor selection for Disease Management (DM) and Primary Care Case Management (PCCM); and 3) the Springfield legislative session.

1) All Kids

HFS released the new All Kids application and began adjudicating requests effective April 17th.

HFS has computer programs for pulling claims so that physicians may be paid in 30 days effective July 1 for services provided to children. HFS agrees timely payment is a significant issue and has programmed to cover all doctors providing services to children.

All Kids rulemaking was addressed under the New Business agenda item.

2) Disease Management (DM) and Primary Care Case Management (PCCM)

Mr. Parker stated that McKesson Health Solutions is the disease management vendor. HFS is beginning discussion on implementation. The vendor has been out meeting with community groups. The selection protest period is over and no protests were received. The contract should be executed soon.

The PCCM procurement is well underway. HFS is close to awarding the contract for the PCCM administrator and the client enrollment broker. HFS has planned for a phased roll-out beginning on July 1. PCCM will be phased in during FY07.

3) Legislative session

The legislative session ran longer than originally scheduled but has now concluded.

Mr. Schlofrock commented that HFS had set a lofty goal for payment that would probably be difficult to do but wonderful if the goal is reached.

Mr. Parker stated that a part of the State budget was a supplemental appropriation, with \$80 million moved into the current fiscal year. So there is authority to make payment now and the Comptroller will make payment.

Mr. Schlofrock asked if all the supplemental appropriation was for providers. Mr. Parker stated that within the \$80 million, there is money for pharmacy, which also receives money from the tobacco settlement. The basic general revenue fund was depleted. He would need to check on specifics, but the target was primarily for physicians.

V. Old Business

KidCare/FamilyCare. Lynne Thomas, Chief of the Bureau of All Kids, provided the committee with an update on the KidCare/FamilyCare program. She states that the All Kids Unit is now receiving the All Kids applications. The unit continues to receive requests to add parents or caretaker relatives under the higher FamilyCare standard. Enrollment statistics through March 31, 2006 were provided. Attachment 1 and 2 to minutes.

Ms. Gabel asked if the applications for AKAA are available. She also asked if the department has any way to handle the federal requirement beginning July 1 that mandates birth certificate be provided for persons declaring as citizens. Ms. Thomas stated that the 2378 MC applications are being printed now. She stated that while the birth certificate is not required for All Kids, we are still working on procedures to comply with the federal law.

Medicare Part D. Mr. Parker stated that the initial open enrollment period for persons with Medicare Part A and B ended on May 15. Persons are now shut out until the next enrollment period beginning November 15 for coverage beginning January 2007.

There is a late penalty of 1% of the premium each month after the period for which enrollment should have begun. There has been some movement to get the federal CMS to waive the first penalty.

Persons turning 65 have an enrollment period through 3 months after and some time before they turn 65. Dual eligible persons can apply at any time. Also anyone found eligible for the low-income subsidy may apply at anytime.

There has never been an enrollment period for Illinois Cares Rx and persons could be found eligible at any time. Some dual eligibles may have failed to apply by the May 15 date. The federal statute is that Medicare eligible persons must join Part D. HFS has

decided to cover these persons the same as non-Medicare enrollees for the remainder of the year. HFS will auto-assign these individuals in November to start benefits in January 2007.

VI. New Business

Jacquetta Ellinger, Deputy Administrator for Policy Coordination, provided copies of the All Kids administrative rules section 123 and 118 discussed in the Administrator's report. She stated that there is a 45-day comment period that begins June 2. Ms. Ellinger generally discussed the structure and topics covered in the rule.

Ms Gabel stated in the past the copays have not been deducted from the provider payment. She asked if this would also be true under the All Kids expansion. Also if copays were deducted why would the state do this?

Ms. Ellinger stated that the provider payment for All Kids Premium Levels 2-8 would be the state rate minus the copay for which the family is responsible. She added that physicians are being paid more for well child services under the Memisovski settlement.

Ms Ellinger then reviewed part 118.500 that is amended to cover undocumented children in households with income under the 200% federal poverty level. She stated that children who are permanently residing in the U.S. under color of law (PRUCOL) are also covered.

The state must also update part 125 that contains existing KidCare rules to make the section consistent with the All Kids rules. The change will be filed later.

Kenzy Vandebroek advised that she had heard rumors that coverage of undocumented children was not included in rule 118. She was concerned that we need to counteract the rumor.

Ms Ellinger stated that as we talk about the new citizenship documentation, some think we are looking for proofs for undocumented children and see the request as a trick. The department is working on a brochure to clarify the requirements but agreed that it will take ongoing effort by the department and advocates to get the right message out to families.

Ms. Vandebroek stated that she could let partners know because she now has the policy in the rules.

VII. Subcommittee Reports

Long Term Care (LTC). No report for this period.

Dental Policy Review (DPR). No report for this period.

Public Education Subcommittee. No report for this period.

Kenzy Vandebroek asked if there would be a chance to review materials on PCCM.

Mr. Parker advised that stakeholders would have an opportunity to review. He noted that the PCCM agreements would be between the doctors and department rather than the doctors and the contractor.

Pharmacy Subcommittee Charge. James Parker reported that the committee had its second meeting. There was some discussion regarding copays. There are copays for brand name drugs but not for generic. There is a trend where brand name drugs can be cheaper than the generics. The department is looking at changing the copay rule in this situation.

VIII. Adjournment

Mr. Shlofrock adjourned the meeting at 11:03 a.m. The next MAC meeting is scheduled for July 21, 2006.

Medicaid Advisory Committee
May 19, 2006
All Kids/FamilyCare Report

Enrollment

- Enrollment data is attached. Enrollment data as of 03/31/06:
 - a. 1,069,654 pre-expansion children (up to 100% of FPL)
 - b. 362,659 pre-expansion parents (up to approx. 35% of FPL)
 - c. 6,175 Moms and babies expansion (133% to 200% of FPL)
 - d. 79,703 Phase I (100% to 133%) and 38,545 Phase II expansions (133% - 185% of FPL)
 - e. 5,220 Phase III (over 185% - 200% of FPL)
 - f. 30,447 FamilyCare Phase I (38% - 49% of FPL)
 - g. 31,134 FamilyCare Phase II (49% - 90% of FPL)
 - h. 49,654 FamilyCare Phase III (90% to 133% of FPL)
 - i. 4,597 FamilyCare Phase IV (133% to 185% of FPL)

FamilyCare Expansion

We expanded FamilyCare to 185% of poverty January 1, 2006.

Web-based application capability

We implemented our web-based application statewide on August 11. Since then, we have received a total 26,267 web apps: 16,342 from the general public and 9,925 from AKAA's.

	5/31/2005		6/30/2005		7/31/2005		8/31/2005		9/30/2005		10/31/2005		11/30/2005		12/31/2005		1/31/2006		2/28/2006	3/31/2006
	Previous Numbers	Current Numbers	Current Numbers	Current Numbers																
Pre-expansion children	1,046,355	1,046,568	1,049,594	1,050,007	1,050,518	1,052,041	1,056,358	1,060,165	1,058,172	1,064,356	1,063,879	1,067,249	1,060,718	1,066,289	1,063,472	1,067,951	1,064,545	1,071,913	1,071,056	1,069,654
KidCare Phase I	66,490	66,499	67,647	67,669	68,804	68,904	69,825	70,158	70,569	71,155	72,522	72,817	73,620	74,051	75,329	75,718	76,792	77,523	79,012	79,703
KidCare Phase II	38,085	38,088	38,340	38,344	38,607	38,612	38,210	38,196	37,903	37,865	38,184	38,151	38,375	38,038	38,424	38,402	38,452	38,416	38,526	38,545
KidCare Phase III	3,531	3,531	3,710	3,710	3,865	3,864	3,991	3,984	4,179	4,176	4,342	4,336	4,584	4,572	4,719	4,707	4,892	4,874	5,033	5,220
Moms and Babies Exp	6,180	6,190	6,234	6,245	6,218	6,246	6,206	6,281	6,133	6,268	6,242	6,318	6,205	6,339	6,215	6,303	6,205	6,359	6,327	6,175
Pre-expansion parents	349,762	349,899	349,586	349,839	350,119	351,050	351,359	354,003	351,035	355,644	355,346	358,239	354,164	358,783	357,938	361,098	358,108	363,897	363,324	362,659
FamilyCare Phase I	30,513	30,512	30,790	30,795	30,958	30,969	30,993	31,023	31,020	31,050	30,960	30,964	30,788	30,804	30,786	30,789	30,745	30,748	30,623	30,447
FamilyCare Phase II	30,887	30,888	31,131	31,135	31,166	31,197	31,581	31,639	31,840	31,936	31,837	31,832	31,427	31,439	31,208	31,218	31,018	31,051	31,029	31,134
FamilyCare Phase III	40,795	40,795	42,402	42,409	43,752	43,795	45,046	45,127	45,996	46,153	47,102	47,127	47,656	47,692	48,265	48,272	48,807	48,867	49,309	49,654
FamilyCare Phase IV																2,312	2,351	3,512	4,597	
TOTAL	1,612,598	1,612,970	1,619,434	1,620,153	1,624,007	1,626,678	1,633,569	1,640,576	1,636,847	1,648,603	1,650,414	1,657,033	1,647,537	1,658,007	1,656,356	1,664,458	1,661,876	1,675,999	1,677,751	1,677,788